

FILED DEC 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42520

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11155**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION Homer G. Phillips				Length of stay in lb		d. STREET ADDRESS 3402a Laclede (If outside, give location)	
3. NAME OF DECEASED (Type or print) Dora				First Roberts		Last Roberts	
4. DATE OF DEATH 11 15 57		Month 11 Day 15 Year 57		9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months Days Hours Min.	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 16 March 1900	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic				10b. KIND OF BUSINESS OR INDUSTRY Private Home		11. BIRTHPLACE (City and state or country) Stens, Mississippi	
13. FATHER'S NAME Oliver Pratt				14. MOTHER'S MAIDEN NAME Dora Cunningham			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. 499-34-5907		17. INFORMANT Address Bernice H. Riggins - 5895a Cote Brill.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fibrosarcoma of Thigh, Left							INTERVAL BETWEEN ONSET AND DEATH undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 197x							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Bronchopneumonia							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home; farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 10-17-57 to 11-15-57 and last saw her alive on 11-15-57 Death occurred at 10:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Deceased or title) 20- Richard m.D.			22b. ADDRESS 2601 Whittier Street	
22c. DATE SIGNED 11-18-57							
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-22-57		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR Atkins Bros.			ADDRESS 3644 Finney Ave.		25. DATE RECD. BY LOCAL REG. NOV 21 57		26. REGISTRAR'S SIGNATURE Paul Smith m.D.

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision...

Student _____
Signature of Student Embalmer

Signed John K. Cunningham
Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F)

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.